

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101560,169

FILING DATE

12-9-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1						51					
2		1						52					
3		2						53					
4	1							54					
5		1						55					
6		2						56					
7		2						57					
8		2						58					
9		1						59					
10		1						60					
11		1						61					
12		1						62					
13	1							63					
14		1						64					
15		2						65					
16		2						66					
17		2						67					
18		2						68					
19		1						69					
20		2						70					
21		1						71					
22								72					
23								73					
24								74					
25								75					
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40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	3	↓			↓		↓						
TOTAL DEP.	26	←			←		←						
TOTAL CLAIMS	29												